

Your Organization's Trauma-Informed Approach and Plan

NVAA – Building Trauma-Informed Organizations

Your Organization's Trauma-Informed Approach

Complete the worksheet by answering 2–3 questions for each domain to examine your organization's existing practices and evaluate its current status on being trauma-informed. If you are not able to answer questions on behalf of your organization, provide a suggestion for how your organization might be able to address the question.

Key Principles				
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice

10 Implementation Domains

Policy	
How do your organization's written policies and procedures include a focus on trauma and issues of safety and confidentiality?	
How do your organization's written policies and procedures recognize the pervasiveness of trauma in the lives of people using its services and express a commitment to reducing re-traumatization and promoting well-being and recovery?	
How do your organization's written policies and procedures demonstrate	

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a commitment to staff training on providing relevant and trauma-informed services and support as part of staff orientation and in-service training?	
How do human resources policies attend to the impact of working with people who have experienced trauma?	
What policies and procedures are in place to include trauma survivors/people receiving services and peer support in meaningful and significant roles in organizational planning, governance, policymaking, services, and evaluation?	
Financing	
How does your organization's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development?	
What funding exists for cross-sector training on trauma and trauma-informed approaches?	
What funding exists for peer specialists?	

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How does the budget support the provision of a safe physical environment?	
Training and Workforce Development	
How does your organization address the emotional stress that can arise when working with individuals who have had traumatic experiences?	
How does your organization support training and workforce development so that staff understand and increase their trauma knowledge and intervention?	
How does your organization ensure that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping, and maintenance) receive basic training on trauma, its impact, and strategies for trauma-informed approaches across your organization and across personnel functions?	
How does workforce development/staff training provide staff support in developing the knowledge and skills to work sensitively and effectively with trauma survivors?	
What training and resources are provided to staff and supervisors on	

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incorporating trauma-informed practices and supervision in their work?	
What workforce development strategies are in place to assist staff in working with peer support and recognizing the value of peer support as integral to your organization's workforce?	
Screening, Assessment, and Treatment Services	
Is an individual's own definition of emotional safety included in treatment plans?	
Is timely trauma-informed screening and assessment available and accessible to individuals receiving services?	
Does your organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services?	
How are peer supports integrated into the service delivery approach?	
Do staff talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding?	

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How are these trauma-specific practices incorporated into your organization's ongoing operations?	
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Citation

Adapted from Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration

Your Organization's Trauma-Informed Approach

Complete the Adapted Trauma-Informed Organizational Self-Assessment below to examine your organization's existing practices and determine its current status on being trauma-informed. Then, answer the questions at the end of the worksheet to continue to develop a plan for your organization to implement a trauma-informed approach.

Adapted Trauma-Informed Organizational Self-Assessment

Training and Education	Strongly Disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
1. What is traumatic stress?						
2. How traumatic stress affects the brain and body.						
3. How trauma affects development in childhood and adulthood.						
4. The relationship between childhood trauma and adult re-victimization (e.g., domestic violence, sexual assault).						

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5. How working with trauma survivors impacts staff.						
6. How to help clients identify trauma reminders (i.e., reminders of dangerous or frightening things that happened in the past).						
<i>Staff at all levels of the organization receive training and education on the following topics:</i>						
7. How to help clients manage their feelings (e.g., helplessness, rage, sadness, terror).						
8. De-escalation strategies (i.e., ways to help people calm down before reaching the point of crisis).						
9. How to develop safety and crisis prevention plans.						
10. How to establish and maintain healthy professional boundaries.						

Staff Supervision, Support, and Self-Care	Strongly Disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
11. Staff have regular team meetings.						
12. Topics related to trauma are addressed in team meetings.						
13. Topics related to self-care are addressed in team meetings (e.g., vicarious trauma, burn-out, stress-reducing strategies).						
14. Staff have a regularly scheduled time for individual supervision.						
15. Staff receive individual supervision from a supervisor who is trained in understanding trauma.						
16. Part of supervision time is used to help staff understand their own stress reactions.						

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17. Part of supervision time is used to help staff understand how their stress reactions impact their work with clients.						
18. The organization helps staff debrief after a crisis.						
19. The organization provides opportunities for ongoing staff evaluation of the organization.						
20. The organization provides opportunities for staff input into organization practices.						
21. Outside consultants with expertise in trauma provide ongoing education and consultation.						

II. Creating a Safe and Supportive Environment

Establishing a Safe Physical Environment	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
1. The organization facility has a security system (i.e., an alarm system).						
2. Organization staff monitor who comes in and out of the organization.						
3. Staff ask clients for their definitions of physical safety.						
4. The environment outside of the organization is well lit.						
5. The common areas within the organization are well lit.						
6. Bathrooms are well lit.						

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7. The organization provides clients with opportunities to suggest ways to improve/change the physical space.						
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Information Sharing	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
8. The organization reviews rules, rights, and grievance procedures with clients regularly.						
9. Clients are informed about how the organization responds to personal crises (e.g., suicidal statements, violent behavior).						
10. Client rights are posted in visible places.						
11. Material is posted about traumatic stress (e.g., what it is, how it impacts people, available trauma-specific resources).						

Competence	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
12. Organization information is available in different languages.						

Privacy and Confidentiality	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
13. The organization informs clients about the extent and limits of privacy and confidentiality (e.g., the kinds of records kept, where they are kept, who has access to this information,						

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and when the organization is obligated to report information to child welfare or police).						
14. Staff do not talk about clients in common spaces.						
15. Staff do not talk about clients outside of the organization.						
16. Staff do not discuss the personal issues of one client with another client.						
17. There are private spaces for staff and clients to discuss personal issues.						

Safety and Crisis Prevention Planning	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
<i>For the following items, the term “safety plan” is defined as a plan for what a client and staff will do if the client feels threatened by another person outside of the organization.</i>						
18. Clients work with staff to create written, individualized safety plans for their families.						
19. Written safety plans are incorporated into clients' individual goals and plans.						
<i>For the following items, the term “crisis-prevention plan” is defined as an individualized plan for how to help each client manage stress and feel supported.</i>						
20. Staff work with clients to help them create a crisis-prevention plan.						
<i>Crisis-prevention plans include the following:</i>						
21. A list of trauma reminders (i.e., situations that are stressful or overwhelming and remind the client of past traumatic experiences).						
22. A list of strategies that can be used to help the client cope with trauma reminders.						

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23. A list of people the client feels safe around and can go to for support.						
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Open and Respectful Communication	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
24. Staff ask clients for their definitions of emotional safety.						
25. Staff practice motivational interviewing techniques with clients (e.g., open-ended questions, affirmations, reflective listening).						
26. The organization uses “people-first” language rather than labels (e.g., “people who are experiencing mental illness” rather than “mentally ill people”).						
27. Staff use descriptive language rather than characterizing terms to describe clients (e.g., describing a person as “having a hard time getting her needs met” rather than “attention-seeking”).						

Consistency and Predictability	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
28. Organization staff respond to clients consistently (e.g., consistency across shifts and roles).						
29. There are structures in place to support staff consistency with clients (e.g., trainings, staff meetings, shift change meetings, peer supervision).						

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30. The organization is flexible with rules based on individual circumstances if needed.						
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III. Assessing and Planning Services

Conducting Intake Assessments	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
<i>The intake assessment includes questions about the following:</i>						
1. Personal strengths.						
2. Background.						
3. Social supports in the family and the community.						
4. Current level of danger from other people (e.g., restraining orders, history of domestic violence, threats from others).						
5. History of trauma (e.g., physical, emotional, or sexual abuse, neglect, loss, domestic/community violence, combat, past homelessness).						
6. Previous head injury.						

Intake Assessment Process	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
7. There are private, confidential spaces available to conduct intake assessments.						
8. The organization informs clients about why questions are being asked.						
9. The organization informs clients about what will be shared with others and why.						

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10. Throughout the assessment process, the organization checks in with clients about how they are doing (e.g., asking if they would like a break, water).						
11. The organization provides an adult translator (not another client in the organization) for the assessment process if needed.						

Intake Assessment Follow Up	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
13. Based on the intake assessment, clients are referred for specific services as necessary.						
14. The intake assessment is updated on an ongoing basis.						
15. The organization updates releases and consent forms whenever it is necessary to speak with a new provider.						

Developing Goals and Plans	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
16. Staff support clients in setting their own goals.						
17. Client goals are reviewed and updated regularly.						
18. Before leaving the organization, clients and staff develop a plan to address potential safety issues.						

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19. Before leaving the organization, clients and staff develop a plan to address future service needs related to trauma.						
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Offering Services and Trauma-Specific Interventions	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
20. The organization provides opportunities for clients to receive a variety of services (e.g., legal and educational advocacy, health, mental health, and substance use services).						
21. When mental health services are needed (e.g., individual therapy, group therapy, family therapy), the organization refers clients to agencies with expertise in trauma.						
22. The organization educates clients about traumatic stress and trauma reminders.						
23. The organization has access to a clinician with expertise in trauma and trauma-related interventions (on staff or available for regular consultation).						

IV. Involving Clients

Involving Current Clients	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
1. Current clients are involved in the development of organization activities.						
2. Current clients are given opportunities to evaluate the organization and offer their suggestions for improvement in anonymous						

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and/or confidential ways (e.g., suggestion boxes, regular satisfaction surveys, meetings focused on necessary improvements).						
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Involving Former Clients	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
3. Former clients are hired at all levels of the organization.						
4. The organization recruits former clients for its board of directors.						
5. Former clients are involved in organization development.						
6. Former clients are involved in providing services (e.g., peer-run support groups, education, therapeutic groups.).						
7. Former clients are invited to share their thoughts, ideas, and experiences with the organization.						

V. Adapting Policies

Creating Written Policies	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
1. The organization has a written statement that includes a commitment to understanding trauma and engaging in trauma-sensitive practices.						
2. Written policies are established based on an understanding of the impact of trauma on clients.						

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3. The organization has a written commitment to demonstrating respect for all practices.						
4. The organization has a written policy to address potential threats to clients from persons outside of the organization.						
5. The organization has a written policy outlining organization responses to client crises (e.g., self-harm, suicidal thinking, aggression toward others).						
6. The organization has written policies outlining professional conduct for staff (e.g., boundaries, responses to clients).						

Reviewing Policies	Strongly disagree	Disagree	Agree	Strongly agree	Do not know	Not applicable to my role
7. The organization reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma survivors.						
8. The organization involves staff in its review of policies.						
9. The organization involves clients in its review of policies.						

Upon review of the trauma-informed self-assessment you completed for your organization, respond to the following:

1. Identify the strengths within your organization as they relate to “being trauma-informed.”
2. Identify the weaknesses within your organization as they relate to “being trauma-informed.”

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Your Organization's Trauma-Informed Plan

Complete the worksheet to continue to develop a plan for your organization to implement a trauma-informed approach.

Our Trauma-Informed Commitment Statement

Copy and paste your commitment statement.

Our Trauma-Informed Practice

Based on the results of your prioritization (from Part 3 of the Your Organization's Trauma-Informed Approach worksheet), identify the prioritized weakness of your organization, the implementation domain, and a respective strategy you think will mitigate the weakness.

Our Trauma-Informed Implementation Plan

Based on knowledge acquired from this training, build out the strategy by answering the following questions:

1. Who will be in your “trauma workgroup,” and what will be their roles and responsibilities?
2. How will you address potential challenges to successful implementation? (Refer to the Week 4 Discussion.)
3. How will you follow up on the progress of needed improvements?